

DEC. 12. 2005 2:53PM

TTC-PA 650-326-2422

RECEIVED  
CENTRAL FAX CENTER

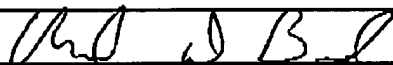
NO. 8276 P. 1/2

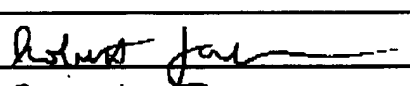
DEC 12 2005

PTO/S&amp;21 (09-04)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/769,532
	Filing Date	January 30, 2004
	First Named Inventor	Whirley, Robert G.
	Art Unit	3738
	Examiner Name	Sweet, Thomas J.
	Attorney Docket Number	021630-004500US
Total Number of Pages in This Submission	2	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent and Change of Correspondence Address.
<b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Mark Barrish		
Date	12/12/05	Reg. No.	36,643

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on December 12, 2005			
Signature			
Typed or printed name	Robert Jackson	Date	12-12-2005

60654988 v1

DEC. 12. 2005 2:53PM

TTC-PA 650-326-2422

RECEIVED  
CENTRAL FAX CENTER

DEC 12 2005

NO. 8276 P. 2/2

PTO/SB/93 (09-04)

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/769,532
Filing Date	January 30, 2004
First Named Inventor	Whirley, Robert G.
Art Unit	3738
Examiner Name	Sweet, Thomas J.
Attorney Docket Number	021630-004500US

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number **20350**

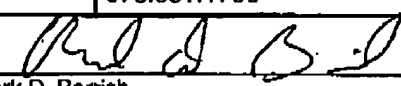
**NOTE:** This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Client requests transfer of matter to another firm.

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:
- ☐ The address associated with Customer Number:

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Daniel Scola (Hoffmann & Baron, LLP)				
Address	1055 Parsippany Boulevard				
City	Parsippany	State	NJ	Zip	07054
Country	United States of America				
Telephone	973.331.1700		Fax	973.331.1717	
Signature					
Name	Mark D. Barrish		Registration No.	36,643	
Date	12/12/05		Telephone No.	(650) 326-2400	

**NOTE:** Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

60654961 v1